

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/831182

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		12		1		
8		10		1		
9		10		1		
10		10		1		
11		10		1		
12		10		1		
13		10		1		
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49						
50						
TOTAL IND.	2		1			
TOTAL DEP.		25		21		
TOTAL CLAIMS	27		22			

	IND.		DEP.		IND.		DEP.	
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TOTAL CLAIMS								